

<b>Case Number:</b>	CM15-0047806		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	06/24/2008
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52 year old male who sustained a work related injury to the right knee, June 24, 2008. According to a primary treating physician's progress report, dated February 25, 2015, finds the injured worker presented for follow-up evaluation. Examination of the right knee revealed range of motion 0-125 degrees, no effusion, minimal crepitus, minimally tender infrapatellar and posterior medial facet; the knee is stable. Diagnoses are documented as depressive disorder, medial meniscal tear right knee; sprain lumbosacral, left herniated disc L4-5 with degenerative disc disease L5-S1 and gastrointestinal irritability. Treatment plan included continued use of patellar brace, consider repeat Synvisc; exercises for back, continue Cartivisc, and consultation with gastroenterology and psychology.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Prilosec 20mg 1 tablet twice daily #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
Page(s): 67 - 69.

**Decision rationale:** The patient is a 52 year old male with a right knee injury when a box fell on his right knee on 06/24/2008. There is no effusion. He had a medial meniscal tear. The patient is under the age of 65. There is no history of a GI bleed or peptic ulcer disease. He is not taking anticoagulants. He does not meet MTUS criteria for the medical necessity of a proton pump inhibitor. Prilosec is not medically necessary.

**Cartivisc one tablet 3 times per day #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 329 - 353.

**Decision rationale:** The patient is a 52 year old male with a right knee injury when a box fell on his right knee on 06/24/2008. There is no effusion. He had a medial meniscal tear. There is no documentation of arthritis of the knee. There is no active synovitis. Oral Cartivisc is not a MTUS recommended treatment; the patient does not have arthritis. It is not medically necessary for this patient.